

<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p><i>Filed</i> 4/27/04</p> <p>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</p> </div> <div style="text-align: right;"> <p>SERIAL NO. 09439311</p> <p>FILING DATE</p> </div> </div>						<p>APPLICANT(S)</p>						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1			1				51					
2			1				52					
3			1				53					
4				1			54					
5				1			55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
11				1			61					
12				1			62					
13				1			63					
14			1				64					
15			1				65					
16				1			66					
17				1			67					
18			1				68					
19				1			69					
20				1			70					
21				1			71					
22			1				72					
23				1			73					
24				1			74					
25				1			75					
26				1			76					
27				1			77					
28				1			78					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			7				TOTAL IND.					
TOTAL DEP.			21				TOTAL DEP.					
TOTAL CLAIMS			28				TOTAL CLAIMS					